

INSTRUCTIONS FOR COMPLETING THIS FORM:

You cannot electronically save any of the additions you make to this form. In other words, after you complete this form on your computer, it cannot be saved with your information. We strongly recommend that before typing your responses online, you print two blank copies and complete one by hand. When you're sure all the answers are complete, open the application file again and enter your responses on the form, then immediately print, and sign and date it. Make a copy for your files before mailing your application materials.

WARNING: If an applicant is unable to complete or print an online form, he or she is NOT relieved of the requirement to meet the final filing date requirement. WE STRONGLY URGE ALL CANDIDATES PLANNING TO USE THE WEBSITE FORMS TO COMPLETE THEIR ONLINE "TYPING" AT LEAST TWO WEEKS BEFORE THE FINAL FILING DATE. We also strongly recommend that you print one or two extra blank forms in case computer or printer problems force you to use a typewriter to meet the filing deadline. The Board is not responsible for any failure by the applicant to meet filing deadlines.

To Fill Out the Form:

- Use month/day/year format for dates (02/06/74).
- Use standard abbreviations where possible (i.e. Sr for Senior, Mgr. for manager, St for Street, CA for California, etc.) **If all of the characters you have typed do not show up on the form, the missing characters will not print. Go back and shorten or abbreviate your answer to fit.** Font size cannot be changed in Acrobat Reader.
- Use the magnifying glass to increase (click once) or decrease (control+click) your view of the form
- Select the "hand" tool. Move the hand over the first blank on the form. The hand will turn into an "I-beam" cursor.
- Type the requested information. Press Tab to accept the change and to go to the next field.
- For check boxes, the hand will become an arrow. Click cursor to mark box.
- Press shift+tab to go to the previous field.
- Pressing Tab, Return, or Enter will accept the entry you've made and enter it on the form. **If you do not press tab, return, or enter, the information you entered will not be accepted and will not print out.**
- Once you have completed the form, print it, sign it, and make a photocopy for your files.
- When you mail the form, please do not include this page of instructions.



BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

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APPLICATION FOR LICENSE AS A STRUCTURAL ENGINEER

FEE: \$275.00 (Remit by Check or Money Order only)

For Office Use Only - Online

Receipt _____

Received _____

ID No. _____

Cert No. _____

Application for Examination on _____ Date

☐ Re-file Application

Final Filing Date for Examination is _____ Date

☐ Application for Comity

Type your name exactly as you want it to appear on your wall certificate. **IMPORTANT:** The names and addresses of Board licensees are public records and are published in both electronic and print media, as well as disclosed upon request to the Board. You may use a home address, a post office box, or a business address.

1. Last Name		First	Middle	2. Social Security No.		
3. Street Address		City	State	Zip Code	Country	
For ID Purposes Only		5. Phone, with Area Code and Extension				
4. Date of Birth (mm/dd/yy): / /		Home:		Business:		
6. I am currently licensed as a civil engineer in California and the following information applies to that licensure:						
Certificate No. _____		California exam date: _____		Date license granted: _____		
Date license expires: _____		How obtained (Regular exam or Comity): _____				
7. Identify any other licenses which you now hold as a professional engineer or a structural engineer by written examination:						
STATE	BRANCH	EXAM DATE	CERTIFICATE NO.	EXPIRATION DATE	EXAM DURATION (hours)	
8. REFERENCES: List names of at least three licensed civil engineers authorized to use the title "Structural Engineer" in California or the equivalent thereto, who have personal knowledge of your experience. See Engagement Record and Standard Reference Form instructions to determine who you should select as references.						
ENGAGE- MENT	QUALIFYING MONTHS	REFERENCE'S NAME	ADDRESS	PHONE (AREA CODE/NO.)	PROFESSIONAL RELATIONSHIP	LICENSE NO'S/ STATE LICENSED
9. HAVE YOU EVER BEEN CONVICTED OF A CRIME SUBSTANTIALLY RELATED TO THE QUALIFICATIONS, FUNCTIONS AND DUTIES OF A PROFESSIONAL OR STRUCTURAL ENGINEER? If answer is YES, explain fully on reverse side. <input type="checkbox"/> YES <input type="checkbox"/> NO						
10. HAVE YOU EVER HAD LICENSURE DENIED, DISCIPLINED, SUSPENDED, OR REVOKED IN ANY STATE (OTHER THAN FOR LACK OF MINIMUM QUALIFICATION OR FAILURE OF EXAMINATION). If answer is YES, explain fully on reverse side. <input type="checkbox"/> YES <input type="checkbox"/> NO						

I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION ON THIS APPLICATION AS WELL AS ANY OTHER DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO SUBMIT
A COMPLETE APPLICATION PACKET**

Signature of
Applicant _____

Optional: e-mail address _____ Date _____ Year _____

USE TYPEWRITER OR FILL OUT FORM ONLINE, PRINT, SIGN AND MAIL THIS APPLICATION

REMARKS FROM

Social Security #: